CAMP	PAIGN CONTRIBUTIONS AND EXPENSES	REPORT			State of Nevada
		ustee	Incli	neVilla	ge GID
Name (p	orint) Box 3914 Inclin	f applicable)	io. NV	82450	istrict (if applicable)
	Address (include city and zin code)	vth/in	is not	Telephone No.	the test
E-Mail A		<i>γ 1 4//</i>	cinec	2010 1411 01	
Select A	Appropriate Box(es)	POL PRTY [IND EXP N	ozdadfjadaz 1	AM 11: 36
	☐ LEGAL DEFENSE FUND	AMENDED [LOCAL BAG	WASHOE	COUNTY
Ø	Annual Filing - Due January 15, 2010 Period: January 1, 2009 - December 31, 2009			REGISTRAR	OF VOTERS
	Report #1 — Due June 1, 2010* Period: Jan. 1, 2010 — May 27, 2010				
	Report #2 Due — October 26, 2010* Period: May 28, 2010 — Oct. 21, 2010				
	Report #3 Due — January 15, 2011*/** Period: Oct. 22, 2010 — Dec. 31, 2010				
	Annual Filing - Due January 15, 2011			* FOR OF	FICE USE ONLY
	Period: January 1, 2010 – December 31, 20)10			
	These Reports are filed by incumbents/cand Third Report suffices for 2011 Annual Filing				Cumulative
	CONTRIBUTIONS SUMMARY			This Period	From Beginning of Report Period #1 through End of This Reporting Period
	Total Monetary Contributions Received in Excess of \$10 (See page 1 of instruction sheet)	00		0	
:	Total Monetary Contributions in the form of loans guard party. (See page 2 of instruction sheet)	anteed by a third		0	
	 Total Monetary Contributions in the form of loans that w (See page 2 of instruction sheet) 	vere forgiven		0	
		This Period	Cumulative From Beginning of Report Period #1 Through End of This Reporting Period		
	4. Total Amount of Monetary Contributions		renou		
	Received (Add Lines 1 through 3) (See page 2 of instruction sheet)			0	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	Total Amount of Written Commitments for Contributions (When commitment is funded, report as				
	contribution (monetary or in kind)) (See page 2 of instruction sheet)	0			
(Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)	0			
	E)	XPENSES SUN	MARY		
	7. Total Monetary Expenses Paid in Excess of \$100			12210	1
	(See page 2 of instruction sheet) 8. Total Value of In Kind Expenses in Excess		1	127.69	
	of \$100 (See page 3 of instruction sheet)	0			
		AFFIRMATI	ON		
6	AMPAIGN FINO CAR	RYOUE	R 1/11	10 15 1	41336.92
-	are Under Penalty of Perjury That the Forego				
	910				
	Deneprodeman		/	-15-Z	010
Signatu	re		Date		

PAGE / OF 5

District (if applicable)

Gene Brockman.	Incline Village GID
Name (print)	Office (if applicable)

Expenses in Excess of \$100
Transfer Total Amount of All Campaign Expenses to Line 7 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE	
Verizon (cell phone)	A	2/21/09	127,69	

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#

GeneBrockman Name (print) Incline Village GID
Office (if applicable)

District (if applicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All In-Kind Campaign Contributions to Line 6 of Contributions Summary

DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
1	M	18			
1					
V					
	EACH IN KIND CONTRI-	EACH DESCRIPTION OF IN KIND EACH CONTRI- IN KIND	EACH DESCRIPTION OF OF EACH IN KIND EACH IN KIND CONTRI- IN KIND CONTRIBUTION/	EACH DESCRIPTION OF OF EACH HERE IN KIND EACH IN KIND IF CONTRI- IN KIND CONTRIBUTION/ LOAN	EACH DESCRIPTION OF OF EACH HERE PARTY IF LOAN IN KIND EACH IN KIND IF GUARANTEED CONTRI- IN KIND CONTRIBUTION/ LOAN BY 3 RD PARTY

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GeneBrockman, Incline Village GID
Name (print) Office (if applicable)

District (if applicable)

In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100 Transfer Total Amount of All Written Commitments to Line 5 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
(NONE		

Brockman Name (print)

Incline Village
Office (if applicable)

District (if applicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All In-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
(10N)			
1			
		185.77	

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Prescribed by Secretary of State NRS 294A.120, 294A.125, 294A.140, 294A.150, 294A.160 294A.200, 294A.210, 294A.220, 294A.362

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